



**UTILITY SERVICE  
DISCONNECT REQUEST**  
PLEASE PRINT

Name of Primary Applicant: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(As listed on the initial connection application)

Date of Request: (today's date) \_\_\_\_\_ Date to be Disconnected: \_\_\_\_\_

Address where service is connected: \_\_\_\_\_

Mail final bill/refund to: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*The customer has requested the changes described above. The customer agrees to any fees that may be added to their account and accepts all responsibility connected to this request.*

\_\_\_\_\_  
Primary Applicant

For Office Use Only		
ACCOUNT NO: _____	ELECTRIC METER NO: _____	DISCONNECT DATE: _____
DEPOSIT AMOUNT: \$ _____	ADDITIONAL \$ _____	ADDITIONAL \$ _____